

## NOTICE OF INDEPENDENT REVIEW DECISION

October 2, 2002

RE: MDR Tracking #: M2-02-1141-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 54 year old male sustained a work-related injury to his right foot on \_\_\_ when he stepped/fell into a hole on the construction site where he was working. Subsequent to the injury, the patient was diagnosed with internal derangement of the right ankle with chronic pain, tenosynovitis of the right ankle and reactive depression. The plan of care has included physical therapy, medication, cortisone injection, and a pain management program. The treating chiropractor has recommended individual psychological therapy.

### Requested Service(s)

Individual psychological therapy

### Decision

It has been determined that individual psychological therapy is not medically necessary.

### Rationale/Basis for Decision

Based on the documentation presented for review, individual psychological therapy is not medically necessary. There is no quantifiable or qualitative data other than what was documented in the chronic pain assessment/psychological history on 03/20/02, which included various psychological tools/indices. The information contained in these tools gives the provider a baseline of data. There was no further reference or update to the data from these indices. In addition, on 04/01/02, it was recommended that the patient be started on Elavil and Serzone, however, there is no documentation of follow-up to this recommendation. The practice guidelines for Chronic Pain Management, published in Anesthesiology, April 1997, advocates the use of adjunct analgesics, like antidepressants, prior to individual psychological therapy. Therefore, individual psychological therapy is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization ) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,